



City of Cincinnati Board of Health Finance Committee

Wednesday, February 21, 2018

Room 324

Mr. Robinson, Chair of the Board Finance Committee, called the February 21, 2018 Finance Committee meeting to order at 3:04.

Roll Call

Board of Health members present: Ronald Robinson, Kate Schroder

Senior Staff present: Robert Schlanz

Ex-Officio Members present: Tim Collier, Chair of the Board of Health and Marilyn Crumpton, Interim Health Commissioner

Topic	Discussion	Action/Motion	Responsible Party
Approval of Minutes	The Committee Chair asked the Committee members if everyone had the opportunity to review the minutes. The committee members responded affirmatively.	The Committee approved and accepted the minutes as distributed.	Ronald Robinson
Review of Contracts for the 2/27/18 BOH Meeting	Mr. Robinson began the group discussion by commenting that the two representatives from the CCPC Board: Mr. Brown and Ms. Colmenero will no longer be members of the Finance Committee because they are no longer members of the CCPC Board. Mr. Collier added that he has "no word yet" on replacements from the CCPC board. <ul style="list-style-type: none"> • Health Collaborative- This is a first amendment of a payable contract to 		Robert Schlanz

<p>Dashboard Review/ Financial Update</p>	<p>add \$ 5,448.00 carry-over money from CRI.</p> <ul style="list-style-type: none"> • Hamilton County Public Health - This is a first amendment to a receivable contract to add \$ 5,448.00 of carry-over money from ODH through HCPH for CRI. <p>Mr. Schlantz explained the history of this ODH grant and the agreement for the services. He also clarified that these agreements will be presented to the board as “for information only” items and do not require BOH approval because they are under the \$ 25,000.00 threshold needed for board approval.</p> <p>Mr. Schlantz reviewed the excel dashboard with the group starting with the restricted funds. He shared that for the 2019 continuation budget there is not only the challenge of funding the non-funded wage increases that we saw last year but a 28% increase in employee health insurance costs as well. The Committee asked many questions about the City health insurance costs and Mr. Schlantz explained that this cost is a flat fee charged at either a single rate or a family rate. He explained that a family plan cost an employee \$ 140.00 monthly and cost the City \$1,300.00 monthly. Mr. Schlantz went on</p>	<p>The Committee was informed of the content of the two amendments going to the Board of Health this month. No approval or recommendation was needed.</p>	<p>Robert Schlantz</p>
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	<p>to explain each grant in the restricted funds and how each works explaining timing issues, quarterly vs. monthly draws and grant history.</p> <p>The conversation moved on to the health centers and a problem CHD had this year because CHD was low on both dental and medical providers. The Committee questioned why there wasn't a savings in expenses since there is missing revenue from a lack of providers and the conversation segwayed into a discussion on position vacancy allowance (PVA). Mr. Schlanz explained that the City budget office requests that each department calculate in an allowance for PVA at 3.5%. This is money saved when a vacant position is not immediately filled. CHD's PVA for 2018 is much higher than 3.5% due to the difficulties in filling provider positions. CHD has been instructed to reduce our PVA for the 2019 continuation budget. Mr. Robinson asked how each CHD grant was managed and Mr. Schlanz explained that each program had someone to administer it within the program and that Jim Wimberg in Fiscal manages the grant budget/payment side. Mr. Schlanz confirmed that our grant portfolio has remained static during the last few years and shared that we lost the HUD grant this year which</p>	<p>The Committee asked Mr. Schlanz to please look into the possibility of renegotiating our target PVA with the budget office.</p>	<p>All</p>
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	<p>was 3.4 million dollars over a 3 year time period. (Another City department got the HUD grant instead but some of our staff people will still be paid from that money).</p> <p>The Committee asked if CHD can use carry-over money in the restricted funds from 2018 to offset the gap in 2019 and had a discussion about some of the department's staffing models. The Committee also looked into the possibility of bridging the budget gap with increased revenue. The current gap is 2.5 million dollars. Mr. Schlantz shared that we are adding a total of four providers and focusing on provider productivity to increase revenue in 2019. The Committee recognized the huge task that Mr. Schlantz has before him and commended him on his work. The budget office has instructed CHD to respond by March 9, 2018 with budget recommendations. The Committee asked that the department recommendations come from the department administration and the Finance Committee as a team.</p> <p>Chronic Care Management- Mr. Robinson opened this topic with the group explaining that as CHD was looking to add more revenue, this plan may be a new revenue stream for the Department. The reason CHD</p>	<p>Mr. Schlantz and Dr. Crumpton assured the Committee that there would be communication with the Committee through-out the budget process and that the department recommendations will come from the team.</p>	<p>Ronald Robinson</p>
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	<p>may be eligible is that in Medicare adopted new rules in January for FQHCs. If a patient is on Medicare and is eligible (has two chronic conditions) then it is possible that with verbal consent in EPIC, an individualized care plan and 20 minutes of non-face-to-face time CHD can bill for these services at a rate of \$61.00/\$49.00 per patient. The Committee discussed the program and the best way to move forward.</p>	<p>The Committee agreed that this opportunity is worth exploring and may help drive revenue and improve outcomes.</p>	
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Meeting Adjourned 5:04 p.m.

Next Meeting March 7, 2018 at 3:00 p.m.

Minutes prepared by Vicky Minnich